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## BIB DATA SHEET

CONFIRMATION NO. 6756

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
09/987,226	11/14/2001	600	3626	RJ371	
<b>APPLICANTS</b> Raymond Anthony Joao, Yonkers, NY; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/286,422 04/25/2001 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 11/27/2001					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /LENA NAJARIAN/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance LN Initials	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWINGS</b> 28	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> RAYMOND A. JOAO, ESQ. 122 BELLEVUE PLACE YONKERS, NY 10703 UNITED STATES					
<b>TITLE</b> APPARATUS AND METHOD FOR PROCESSING AND/OR FOR PROVIDING HEALTHCARE INFORMATION AND/OR HEALTHCARE-RELATED INFORMATION					
<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	